Performance

Report

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| Name of service: | Goodwin Ainslie (Goodwin House) |
| Service address: | 35 Bonney Street AINSLIE ACT 2602 |
| Commission ID: | 2906 |
| Approved provider: | Goodwin Aged Care Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 May 2023 to 19 May 2023 |
| Performance report date: | 3 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Goodwin Ainslie (Goodwin House) (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and Requirements are assessed as either compliant or non-compliant at the Standard and Requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 16 June 2023.
* the Performance Report dated 20 January 2023 for the Site Audit undertaken from 31 October 2022 to 2 November 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

The Quality Standards were not fully assessed, and therefore have not received a compliance rating. A detailed assessment is provided later in this report for each assessed Requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Requirement 1(3)(a) was found non-compliant at a Site Audit conducted from 31 October 2022 to 2 November 2022. An Assessment Contact occurred on 18 May 2023 to 19 May 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives interviewed said they were treated with dignity and respect and their identity, culture and diversity were valued. Two consumers discussed how staff were knowledgeable about their families and backgrounds, which included details of their various work histories, religious preferences, travel undertaken and support provided to undertake activities aligned to their individual interests.

Staff interviewed spoke respectfully about consumers and demonstrated an understanding about individual consumer circumstances, which was consistent with information obtained from consumers. Staff were observed to treat consumers respectfully and support consumer engagement in activities of cultural significance. Care planning documentation included consumer backgrounds, spiritual preferences and cultural information. The organisational diversity framework and diversity action plan promoted inclusiveness, diversity, equality and respectful engagement with consumers, which appeared effective in guiding staff.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirements 3(3)(a) and 3(3)(b) were found non-compliant at a Site Audit conducted from 31 October 2022 to 2 November 2022. An Assessment Contact occurred on 18 May 2023 to 19 May 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives interviewed were satisfied the personal and clinical care delivered was safe and right for them. One consumer discussed their satisfaction with the high-level of clinical care received and a consumer representative noted staff were knowledgeable about their consumers individual needs and the safe and secure environment under which those needs were managed. Clinical documentation reviewed demonstrated individualised care delivery tailored to consumer needs for wound management, falls management and pain management, with some inconsistencies in wound documentation addressed immediately and identified for continuous improvement.

Consumer representatives interviewed were satisfied with care provided to their consumer and were familiar with restrictive practices and the use of chemical restraint as a last resort. Staff interviewed discussed supports provided to consumers under weight management and were observed comforting consumers with complex behaviours. Clinical documentation reviewed indicated dietician recommendations were followed for food and fluid monitoring and use of nutritional supplements. Behaviour support plans were demonstrated for consumers with complex behaviours, with behaviours documented and behavioural management strategies detailed by Dementia Support Australia were effectively implemented.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

Requirement 7(3)(b) was found non-compliant at a Site Audit conducted from 31 October 2022 to 2 November 2022. An Assessment Contact occurred on 18 May 2023 to 19 May 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives interviewed described staff were kind, caring and respectful. One consumer representative discussed the responsiveness, kindness and respect experienced in having misinformation about their consumer rectified. Staff demonstrated an in-depth knowledge about consumers, their identity, culture needs and preferences and this information aligned with review of care planning documentation. The Assessment Team observed staff interactions with consumers were kind, caring and respectful, as staff engaged with consumers during cultural and religious activities and supported those with complex behaviours.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Requirements 8(3)(c) and 8(3)(d) were found non-compliant at a Site Audit conducted from 31 October 2022 to 2 November 2022. An Assessment Contact occurred on 18 May 2023 to 19 May 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

The Assessment Team interviewed staff who described easy access to care planning documentation, the incident/risk management system and intranet for access to training, policies and procedures. Management discussed supporting policies and procedures available to guide staff and plans for improvement of the electronic care management and incident management systems to an integrated digital platform.

The plan for continuous improvement aligned to the Quality Standards and detailed several consumer-driven initiatives including introduction of new activities like art therapy, hand therapy and a gardening club. Management described financial governance systems which provided delegations for non-budgeted consumer related expenses for personal care needs and improvements in consumer dining experiences, with feedback from consumers informing budget inclusions. The Assessment Team found the workforce governance framework ensured sufficiently skilled and qualified staff were directed to provide quality care and services to consumers, with casual staff utilised to fill vacancies in lieu of agency staff.

Regulatory compliance was overseen by the organisation’s quality team and board sub-committee, with information sourced from the national aged care peak body and Australian Government websites to ensure ongoing compliance. The compliance register detailed actions taken to ensure stakeholders are kept abreast of legislative changes, policies and documents are updated, relevant communications are released and training planned and undertaken. The Assessment Team reviewed the complaints register which showed complaints were received from various sources and were reviewed under the open disclosure framework. Consumers were encouraged and supported to provide feedback or make a complaint and all complaints were analysed to inform quality improvements.

The Assessment Team found effective risk management systems and practices in place for incident management and oversight. Risks associated with consumer care were identified on the clinical risk registers, daily handovers and through clinical data trending. High-impact and high-prevalence risks were monitored by management and included falls, wound management and changed behaviours, with unplanned weight loss and COVID-19 monitored as significant priorities. All incidents reported under the Serious Incident Reporting Scheme were escalated to management and the clinical committee. Management described supports provided to consumers to take informed risks and live the best life they can. Staff were knowledgeable about abuse and neglect of consumers and undertook annual manual training and discussions about same.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)